

☐ Transportation

## **Region IV Behavioral Health Board**

## Application / Nomination form

Applicant/Nominee NAME:			
HOME Phone:	CELL Phone:		
WORK Phone:	Preferred EMAIL:		
Preferred MAILING ADDRESS:			
CITY:	STAT	E: ZIP:	
Is this address WORK? □ HOME? □			
Occupation/usual daily activity:			
COUNTIES in Region IV in which you reside or work (check all that apply): Ada □ Boise □ Elmore □ Valley □			
Is this Application/Nomination at the request of a Community Organization, Board or Council? YES  NO  IF YES, Please list: Organization Name, Contact Name, Daytime Phone Number and Email Address for Nominating Group:			
Is your area of passion/concern/expertise: Mental Health □ Substance Use Disorders □ Both □			
Do you have lived experience (personal or close family member)? YES $\square$ NO $\square$ Prefer not to answer $\square$			
Please check any of the boxes below that describe your background (check all that apply)			
<ul> <li>□ Parent of Child with Mental Health disorder</li> <li>□ Parent of Child with Substance Use Disorder</li> <li>□ Adult Client of Mental Health Services (in wellness)</li> <li>□ Adult Client of SUDS Treatment Services (in recovery)</li> <li>□ Family Member of Person with MH Diagnosis</li> <li>□ Family Member of Person with SUDS Diagnosis</li> <li>□ Advocate for Mental Health</li> <li>□ Advocate for SUDS Prevention, Treatment, Recovery</li> <li>□ Education Representative: School/Grades:</li> <li>□ Licensed Physician or Health Professional:</li> </ul>		<ul> <li>□ County Commissioner or designee</li> <li>□ Treatment Service Provider – Mental Health</li> <li>□ Treatment Service Provider – SUDS</li> <li>□ Juvenile Justice System Employee</li> <li>□ Adult Correction System Employee</li> <li>□ Law Enforcement, Agency:</li> <li>□ Region 4 DHW BH Staff</li> <li>□ Hospital Representative</li> <li>□ 4<sup>th</sup> District Judiciary</li> </ul>	
ARE YOU:			
Able to attend monthly meetings? YES $\square$ NO $\square$			
Willing to participant in board working groups or subcommittees?  YES □ NO □ YES, even if I am not appointed to the Behavioral Health Board □			
Please indicate areas of interest:  Youth (SUDS/Children's Mental Health Treatment Service Providers Recovery Activities/Center	<ul> <li>□ Family Support Services</li> <li>□ Recovery Wellness Oriented Services</li> <li>□ Community Education</li> </ul>		

■ Advocacy

<ul><li>□ Housing</li><li>□ Public Pol</li><li>□ Employment</li><li>□ Other:</li></ul>	icy		
The Board needs members with different skill sets and tale describe your expertise, work experience or personal gif	•		
<ul> <li>□ Community Organizer – someone who rallies the troop</li> <li>□ Business Savvy</li> <li>□ Planning</li> <li>□ Marketing</li> <li>□ Fund Raising</li> <li>□ Worker Bee – a behind the scenes "get it done" person</li> <li>□ Evaluation</li> <li>□ Local Government</li> <li>□ Other items not listed, but are skills or talents you can steep</li> </ul>	□ Social Media – Facebook, Twitter, Pinterest, etc. □ Grant Writing □ Training □ Public Speaking □ Facilitation Skills □ Research □ Health Care		
Plagra comment on any knowledge or experience you b	eave in fields of montal health and for substance use		
Please comment on any knowledge or experience you have in fields of mental health and/or substance use disorders. Why are you interested in serving on the Region IV Behavioral Health Board?			
Please list any previous experience you have with boards, councils or other organizations, include any offices or work groups/committees to which you have contributed your talent?			
Please list the contact name, phone number and email address for someone who can tell us more about your participation in an organization with a service mission (church, school, community, work – all areas of your life experience):			
Please add any additional information you want us know about your interest in the Behavioral Health Board.			
Based on your current obligations, are there specific con Health Board meetings difficult given the current schedul (Note that call-in information is typically available for Boo Please indicate your schedule restrictions:	e of the 2 <sup>nd</sup> Thursday of the month from 11am-1pm?		
APPLICANT SIGNATURE	DATE		

LICANI SIGNATURE

Julie Nease at <u>inease@cdhd.idaho.gov</u> Central District Health Department 707 N Armstrong Place Boise, ID 83704